DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CORNERSTONE WEST CBRF (0010585) Address: 1464 - 21ST AVENUE, RICE LAKE, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 10/01/2004

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

			Survey History
Survey ID: 0095819	End Date: 10/07/2005	Type: OTHER	Purpose: OTHER
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0093923	End Date: 09/22/2004	Type: STANDARD	Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED			
Survey ID: 0092406	End Date: 04/02/2004	Type: INITIAL	Purpose: SURVEY
Results: PROBATIONA			

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